

Work Order ID 130568

Monday, March 16, 2015 11:11:29 AM

130568

Page 1

Item ID: D4941-3L02

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Floor Protector, Aft LH, (Black)

Start Date: 3/16/2015 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 3/16/2015 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 15-03-16 Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4941	D								

100

0.00

100

HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Cut Blanks

1 15/03/17

105

0.00

105

Dry Material

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per OSI022 POLYCARBONATE

Temp: 285Time IN: 4:30Time OUT: 7:0015/03/17

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube ☐</td> <td>Crosstube ☐</td> <td>Water Jet ☐</td> <td>Engineering ☐</td> </tr> <tr> <td>Machining ☐</td> <td>Small Fab ☐</td> <td>Prod. Eng. Coord. ☐</td> <td>Quality ☐</td> </tr> <tr> <td>Thermoforming ☐</td> <td>Finishing ☐</td> <td>Rec/Store/Packaging ☐</td> <td>Other ☐</td> </tr> <tr> <td>Large Fab ☐</td> <td>Composite ☐</td> <td>Supplier ☐</td> <td></td> </tr> </table>	Skid-tube ☐	Crosstube ☐	Water Jet ☐	Engineering ☐	Machining ☐	Small Fab ☐	Prod. Eng. Coord. ☐	Quality ☐	Thermoforming ☐	Finishing ☐	Rec/Store/Packaging ☐	Other ☐	Large Fab ☐	Composite ☐	Supplier ☐	
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Large Fab ☐	Composite ☐	Supplier ☐																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Inspection Strip in Tube ☐ Marks/Chatter ☐ Turning Sequence ☐ Wave/Twist in Tube	General ☐ Bend ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Burrs ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Drawing ☐ Drill Holes ☐ Finish ☐ Fit/Function	☐ Folio/Program ☐ Grain ☐ Hardware ☐ Inspection Incomplete/Unqualified ☐ Instructions Incomplete/Unclear ☐ Misaligned/off center ☐ Mislabeled ☐ Misread ☐ Off-set ☐ Out of Calibration ☐ Out of Sequence	☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Positioned Wrong ☐ Power Loss/Surge ☐ Pressure/Forced ☐ Set-up ☐ Temperature/Cure ☐ Weld ☐ Wrong Stock Pulled ☐ Other
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130568

Page 2

Item ID: D4941-3L02

Accept

N900040100Setup Start ***NS1***

Revision ID:

Item Name: Floor Protector, Aft LH, (Black)

Stop ***NS2***

Start Date: 3/16/2015 Start Qty: 1.00

1

Cust Item ID:

Required Date: 3/16/2015 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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110

0.00

110

THERMOFORMING MACHINE

Thermoform

Memo

0.00

Thermoforming Machine

Thermoform as per Dwg. D4941 and Folio FTA 160

Dwg. Rev. D

Folio Rev. _____

130

0.00

130

HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Trim to Finished Dimensions

140

0.00

140

QC2- Inspect parts off machine FAI/FAIB

QC

Memo

0.00

Quality Control

15/03/17

15/04/01

15/04/08

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Inspection Strip in Tube ☐ Marks/Chatter ☐ Turning Sequence ☐ Wave/Twist in Tube	General ☐ Bend ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Burrs ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Drawing ☐ Drill Holes ☐ Finish ☐ Fit/Function	☐ Folio/Program ☐ Grain ☐ Hardware ☐ Inspection Incomplete/Unqualified ☐ Instructions Incomplete/Unclear ☐ Misaligned/off center ☐ Mislabeled ☐ Misread ☐ Off-set ☐ Out of Calibration ☐ Out of Sequence	☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Positioned Wrong ☐ Power Loss/Surge ☐ Pressure/Forced ☐ Set-up ☐ Temperature/Cure ☐ Weld ☐ Wrong Stock Pulled ☐ Other
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Work Order ID 130568

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130568

Page 3

Item ID: D4941-3L02 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Protector, Aft LH, (Black)
 Start Date: 3/16/2015 Start Qty: 1.00 ***1*** Cust Item ID:
 Required Date: 3/16/2015 Req'd Qty: 1.00 ***1*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	QC5- Inspect part completeness to step on W/O	0.00							DA6 38 9-89
150									
QC	Memo	0.00							
Quality Control									APR 13 2015
160	Packaging	0.00							
160									
Packaging	Memo	0.00							
Packaging									
170	QC21- Final Inspection - Work Order Release	0.00							
170									
QC	Memo	0.00							
Quality Control									

IN PRO 17

1X SP15-04-14

MLS 1504-14

MF

15-4-14

DQA: _____ Date: _____



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Training									
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FAULT CATEGORY

Landing Gear ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Inspection Strip in Tube ☐ Marks/Chatter ☐ Turning Sequence ☐ Wave/Twist in Tube	General ☐ Bend ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Burrs ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Drawing ☐ Drill Holes ☐ Finish ☐ Fit/Function	☐ Folio/Program ☐ Grain ☐ Hardware ☐ Inspection Incomplete/Unqualified ☐ Instructions Incomplete/Unclear ☐ Misaligned/off center ☐ Mislabeled ☐ Misread ☐ Off-set ☐ Out of Calibration ☐ Out of Sequence	☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Positioned Wrong ☐ Power Loss/Surge ☐ Pressure/Forced ☐ Set-up ☐ Temperature/Cure ☐ Weld ☐ Wrong Stock Pulled ☐ Other
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Picklist Print

Monday, March 16, 2015 11:11:33 AM

Page 1

Work Order ID: 130568

130568

Parent Item: D4941-3L02

D4941-3L 02

Parent Item Name: Floor Protector, Aft LH, (Black)

Start Date: 3/16/2015

Required Date: 3/16/2015

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev A New Issue 13/12/16 DL
Revised dimensions 14/02/12 DL
14/07/02 DL

IPP Rev. B
IPP Rev C Revised Dwg.
IPP Rev D Revised Dwg. 14/07/25 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

MLEXS.125-F6006-02

Purchased

No

100

sf

2,592.000

4.875

5

MI FXS 125-F6006-02

GE PLASTICS LEXAN SHEET(BLACK)

**

5

15/04/01

Location

Loc Qty

Loc Code

MAT020

2592

m128887

2592

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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FAULT CATEGORY

Landing Gear ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Inspection Strip in Tube ☐ Marks/Chatter ☐ Turning Sequence ☐ Wave/Twist in Tube	General ☐ Bend ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Burrs ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Drawing ☐ Drill Holes ☐ Finish ☐ Fit/Function	☐ Folio/Program ☐ Grain ☐ Hardware ☐ Inspection Incomplete/Unqualified ☐ Instructions Incomplete/Unclear ☐ Misaligned/off center ☐ Mislabeled ☐ Misread ☐ Off-set ☐ Out of Calibration ☐ Out of Sequence
		☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Positioned Wrong ☐ Power Loss/Surge
		☐ Pressure/Forced ☐ Set-up ☐ Temperature/Cure ☐ Weld ☐ Wrong Stock Pulled ☐ Other

DART AEROSPACE LTD		Work Order: 13 0568
Description:		Part Number: D4941-3L02
Inspection Dwg: D4941 Rev: D		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than _____	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by: JB

Date: 15/04/07

TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
2.0		2.01	✓		DL-02	
.070	Min	.095	✓		DL-02	
19.3		19.25	✓		1A-05	
20.5		20.5	✓		1A-05	

Measured by: JB D/S

Date: 15/04/07

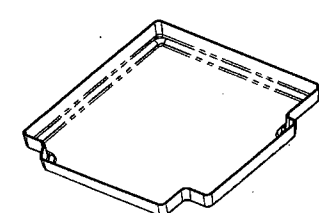
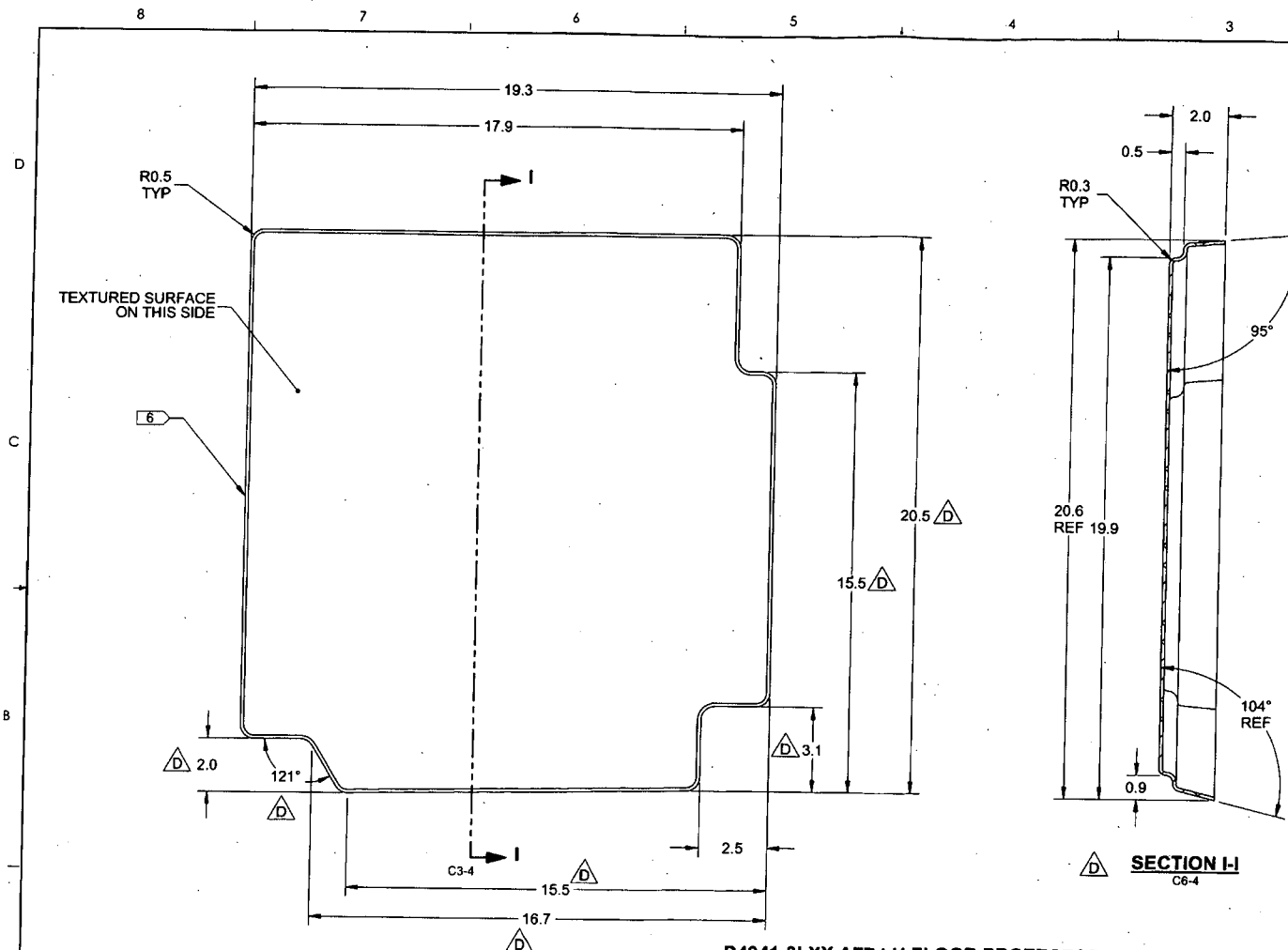
Audited by: 38 9-09

Date: APR 13 2015

Preliminary Approval: _____

Date: _____

Rev	Date	Change	Revised by	Approved
B	10.04.14	Added preliminary approval	KJ	



UNCO
SUB
W
NO 130568 MLS
15-03-16

RELEASED
2014-10-08
ND

- NOTES:**
- 1) MATERIAL: SEE TABLE
 - 2) FINISH: N/A
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: IDENTIFY PER DART QSI 044 6.4
 - 7) WEIGHT: 1.8 lbs
 - 8) THERMOFORM PER QSI 022 USING MOLD DT9992 TRIM PER MOLD LEAVING FINISHED EDGES
 - 9) MINIMUM THICKNESS AFTER FORMING IS 0.070"

D4941-3LXX AFT LH FLOOR PROTECTOR

PART NUMBER	DESCRIPTION
D4941-3L02	F6006 SUEDE/POLISHED 701 BLACK LEXAN SHEET 0.125 THICK (REF DART SPEC MLEXS.125-F6006-02)
D4941-3L08	90318 PROTECT-A-GLAZE 112 CLEAR LEXAN SHEET 0.118 THICK (REF DART SPEC MLEXS.118-90318-08)

APPROVED

DESIGN	AK
DRAWN	AK
CHECKED	VS
MFG. APPR.	DL
APPROVED	HS
DE APPR.	DS
DATE	14.07.25

DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWING NO. D4941	REV. D SHEET 4 OF 5
TITLE CABIN FLOOR PROTECTORS	SCALE NTS
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